

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09/331,959
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		21				
5		12				
6		11				
7		12				
8		21				
9	1	10				
10		11				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
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TOTAL CLAIMS						